

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38675

**1. PLACE OF DEATH**

County.....

Registration District No. 5701

Township.....

Primary Registration District No. 11303

City St. Louis (No. City Hospital)

File No. ....

Registered No. 11302

St. .... Ward

**2. FULL NAME**

Dana Cadwallader

(a) Residence. No. 6132 Dastme St., 5 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Nellie Cadwallader

17. I HEREBY CERTIFY That I attended deceased from Nov 12, 1928 to Nov 19, 1928 that I last saw him live on Nov 19, 1928 and that death occurred, on the date stated above, at 4 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9 1857

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
Chronic myocarditis  
Apoplexy

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 | 3 | 18

CONTRIBUTORY (SECONDARY) 900

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Shipping Clerk  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

18. WHERE WAS DISEASE CONTRAICTED  
IF NOT AT PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

10. NAME OF FATHER Franklin Cadwallader

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lake Charles Cem. DATE OF BURIAL Nov. 21. 1928

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

20. UNDERTAKER Jos. W. Clark ADDRESS 1125

12. MAIDEN NAME OF MOTHER Manuoring

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT (Address) City Hospital

15. FILED Nov 20 1928 REGISTRAR Ray C. Starbuck

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Caldwell